

Frank Greising

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 St
(207) 287-5672 Fax: (207) 287-41

PROPERTY LOCATION

City, Town, or Plantation Lamoine, ME
Street or Road 4 Birch Lawn Drive
Subdivision, Lot # _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Lamoine Permit # 2000
Date Permit Issued 9.2.20 Fee: \$ 150 Double Fee Charged []
Local Plumbing Inspector Signature [Signature] L.P.I. # 394
u Owner u Town u State

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Robert Merchant Jr Owner Applicant
Mailing Address of 163 Buttermilk Road
Owner/Applicant Lamoine, ME, 04405
Daytime Tel. # 207-667-8806

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 18 Lot # 2

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
(1st) date approved _____
(2nd) date approved _____

Signature of Owner or Applicant _____ Date _____

Local Plumbing Inspector Signature _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
- Type replaced: _____
Year installed: _____
3. Expanded System
a. <25% Expansion
b. >25% Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
2. First Time System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
3. Replacement System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
4. Minimum Lot Size Variance
5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
2. Primitive System (graywater & alt. toilet)
3. Alternative Toilet, specify: _____
4. Non-engineered Treatment Tank (only)
5. Holding Tank, _____ gallons
6. Non-engineered Disposal Field (only)
7. Separated Laundry System
8. Complete Engineered System (2000 gpd or more)
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous Components

SIZE OF PROPERTY

SQ. FT.
ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____
2. Multiple Family Dwelling, No. of Units: _____
3. Other: _____

(specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well
2. Dug Well
3. Private
4. Public
5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
a. Regular
b. Low Profile
2. Plastic
3. Other: _____

CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed
2. Stone Trench
3. Proprietary Device
a. cluster array c. Linear
b. regular load d. H-20 load
4. Other: _____

SIZE: _____ sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No
 2. Yes
 3. Maybe
- If Yes or Maybe, specify one below:
- a. multi-compartment tank
 - b. _____ tanks in series
 - c. increase in tank capacity
 - d. Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day
BASED ON:
1. Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION _____
a) Observation Hole # _____
Depth _____"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium---2.6 sq. ft. / gpd
2. Medium---Large 3.3 sq. ft. / gpd
3. Large---4.1 sq. ft. / gpd
4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
2. May Be Required
3. Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. _____ d _____ m _____ s
Lon. _____ d _____ m _____ s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature _____

SE # _____

Date _____

Site Evaluator Name Printed _____

Telephone Number _____

E-mail Address _____

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.